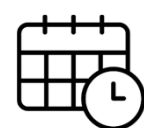


# ANTICIPATE: ANTEnatal Care Improvement for Prediction and Treatment of Adverse Pregnancy Events, RPA



Sydney Local Health District

Louise Treloar & Helen Ryan



The recommended gestation of 14 weeks and under for first midwife appointment is only met by 25% of women at Royal Prince Alfred (RPA) Hospital – most women begin care by 17 weeks.



Late first midwife appointments delays preventative care which enables timely health promotion, education, and nutritional information provision, as well as a more personalised and disease-specific approach to antenatal care.



This preventative care includes combined first trimester screening (cFTS), blood test and ultrasound, which is only provided to <50% of women who birth at RPA due to resourcing and scheduling issues. Those who can't access this at RPA receive care in the private sector, which at times can be less comprehensive and incurs a cost.



We want to ensure all women have access to gold standard, timely care and feel supported early on in their pregnancy journey.

## Goal

To improve the accessibility of women attending the antenatal clinic (ANC) RPA Hospital leading to early preventative care by June 2024.

## Objectives

1. Increase utilisation of combined first trimester screening (cFTS) appointments from 40% to 90% by June 2024.
2. Increase the percentage of women attending their midwifery appointment at RPA Antenatal Clinic before 14 weeks gestation, from 25% to 75% by June 2024.

## Method



We used the Centre for Healthcare Redesign Methodology supported by the Agency for Clinical Innovation (ACI). In the initiation phase we scoped and defined the project through engagement of Key Stakeholders During the diagnostic phase we completed:

- Process mapping workshop (2)
- Stakeholder and patient interviews (26)
- Patient Reported Experience Measures Survey (PREMS) (67)
- Manual Data Capture
- System Data Capture
- Issues log, prioritisation, root cause analysis (121 issues identified)

In the solution design phase we completed five workshops with relevant stakeholders. Three working groups were established during the implementation phase to progress solutions. The working groups report to the steering committee on progress of solutions monthly to ensure sustainability until business as usual has been achieved.



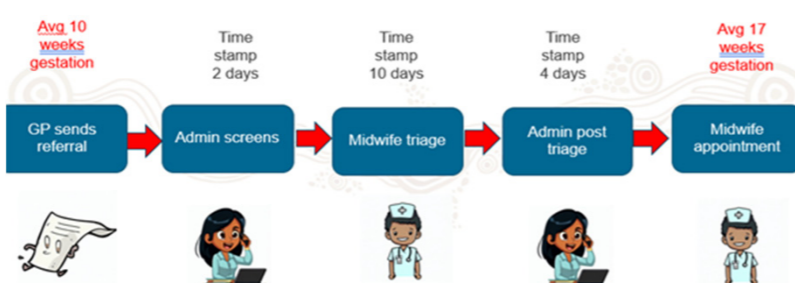
## Key issues

Using redesign methodology and engaging with key stakeholders, diagnostic work identified several issues for addressing through speaking to women, staff, process mapping and root cause analysis work. The main issues identified were:

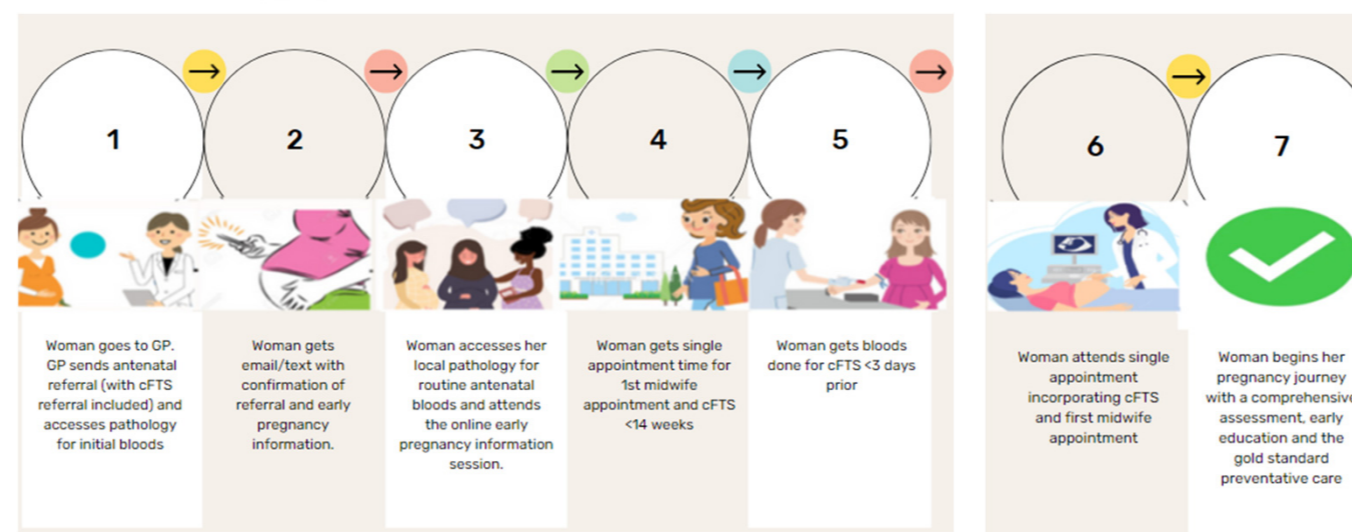
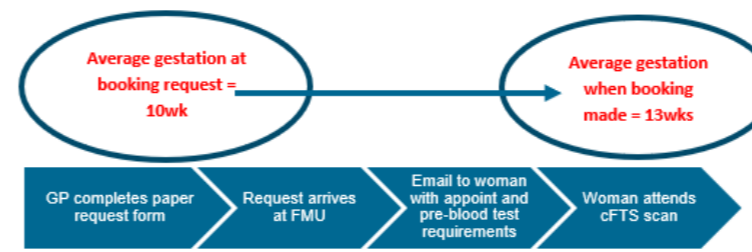
- lack of and misinformation to women from the service and GPs regarding expectations and requirements in the early pregnancy journey
- barriers in accessing the service for further information and follow up of referrals
- delays in appointment scheduling and notification
- inability to provide cFTS appointments to all women and delay in uptake on e-referral service by GPs
- f and preference of GPs to refer to private providers for ultrasound due to established and easy pathways for referral and receiving of results.

## Current separate booking processes (as is)

Antenatal Clinic Process Map



cFTS appointment Process Map

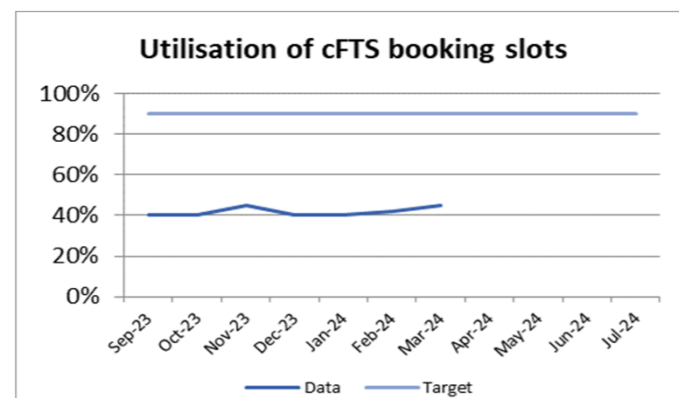


## Results

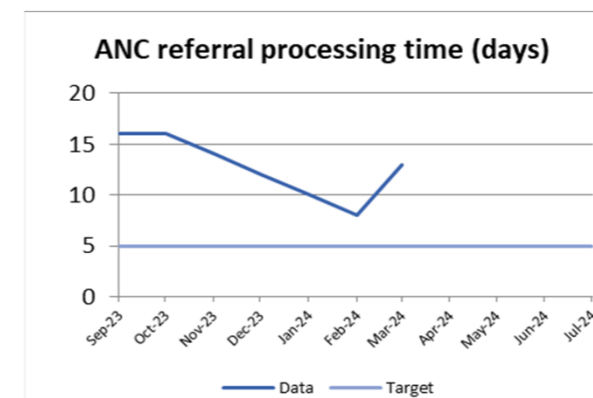
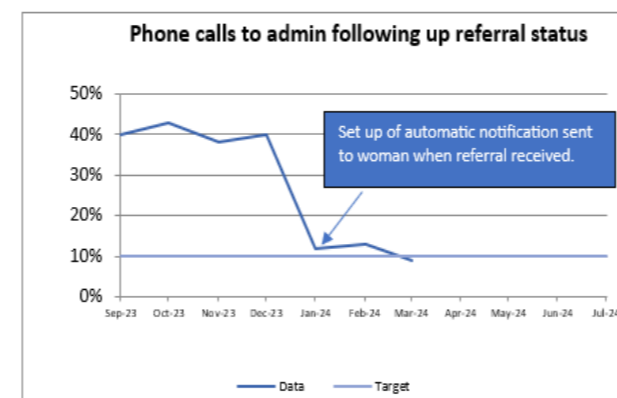
The project is currently in the implementation stage; the below graphs illustrate progress to March 2024.

### Objective 1:

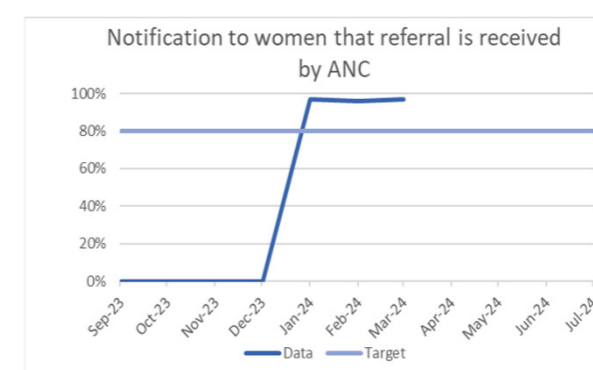
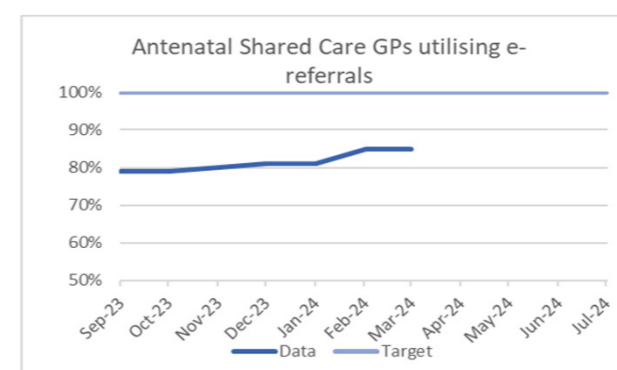
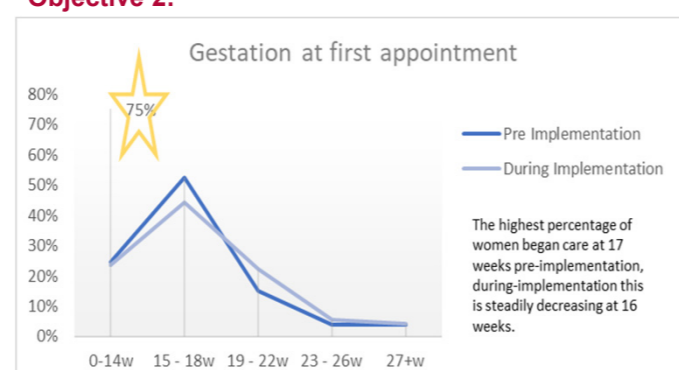
\*approval received to implement e-referral which will positively impact this objective



### Solution KPIs impacting longer term achievement of Objectives:



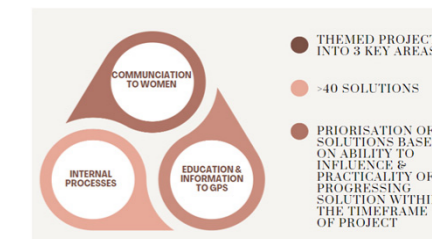
### Objective 2:



## Solutions

Solutions were co-designed with consumers, clinical and administrative staff, and local General Practitioners.

- Solution 1:** Improve communication to women
- Solution 2:** Improve education and information to GPs
- Solution 3:** Internal processes and Models of Care



**Key solution:** Centralised booking system and one appointment for first midwife appointment and cFTS

## Sustaining change

Solution ownership has been distributed through the three solution Working Groups. The Working Groups include consumers and key team members from the antenatal clinic and fetal medicine ultrasound department. The Working Groups are required to report against key performance indicators monthly to the Steering Committee, through the Working Group Chairs who also sit on the Steering Committee. The Steering Committee is chaired by the Project Sponsor – project risks, issues and reinforcement strategy are all standing agenda items.

## Conclusion

We aim to improve the quality of antenatal care by partnering with primary healthcare providers and prioritising early referrals to ensure early pregnancy care and booking visits, ideally combined with cFTS and first midwife appointment. The project aims to reduce the incidence of pregnancy complications and decrease the cost of care for the healthcare system and the community.

By improving the timeliness of a woman's first midwife appointment, and access to cFTS, will allow earlier engagement for improved risk prediction and early intervention and care.

All solutions are potentially scalable to other antenatal and fetal medicine ultrasound services.

Top three lessons learnt:

1. The importance of having a clear Implementation plan. The project was handed over during implementation phase so having a clear plan was hugely beneficial in the project moving ahead successfully
2. Identifying the right people for the working groups and including consumers, to ensure success in implementation
3. Recognising scope creep and escalating to address it early

## Acknowledgements

Dr Ritu Mogra (Project Sponsor)  
Dimitra Kaldelis (Redesign Lead SLHD)  
RPA Antenatal and Fetal Medicine Clinical and Admin Staff  
ANTICIPATE Steering Committee  
Solution Working Groups  
Consumers (interviewees and working group members)



## Contact

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